



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

| | |
|--|--------------------------------|
| Requestor Name and Address: HARRIS METHODIST HEB 3255 WEST PIONEER PARKWAY ARLINGTON TX 76013 | MFDR Tracking #: M4-07-2639-01 |
| | DWC Claim #: |
| | Injured Employee: |
| Respondent Name and Box #: EMPLOYERS ASSURANCE CO Box #: 34 | Date of Injury: |
| | Employer Name: |
| | Insurance Carrier #: |

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have found in this audit you have denied this claim for past the filing deadline. The original bill was submitted well before the 95th day and the fact that we received a response back from you asking for the itemized shows that the original claim was submitted on time. Also we would like to point out that a carrier has 45 days to respond to a provider after receipt of a claim and your response back asking for the itemized was received well past the time frame. Therefore we ask that this bill be paid at 85% of billed charges as stated in the rulings from TWCC that are attached."

Amount in Dispute: \$8022.27

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon review of the attached documentation and that found within the carrier's file, it appears as though a complete medical bill as defined by DWC Rules was not received until 10-10-06. The provider's date of service was 4-25-06 which would mean the 95th day was 7-29-06. Per DWC Rules, the carrier would have to have received a complete medical bill on or before 7-29-06." "The carrier first received this bill listed in this dispute, via fax on 9-25-06. The only item that was submitted was the UB-92 – an itemized statement was not included. The bill was promptly returned to the provider on 9-28-06 requesting the missing documentation. A complete bill (UB-92 and itemized statement) was received from the provider via mail on 10-10-06 with a duplicate billing received on 10-13-06." "The bill was never received timely from the provider...Denial of this bill will continue to stand."

PART IV: SUMMARY OF FINDINGS

| Date(s) of Service | Denial Code(s) | Disputed Service | Amount in Dispute | Amount Due |
|--------------------|-----------------|-----------------------------|-------------------|---------------|
| 4/25/2006 | 29, R25, W1, W4 | Inpatient Hospital Services | \$8022.27 | \$0.00 |
| | | | Total Due: | \$0.00 |

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

This request for medical fee dispute resolution was received by the Division on January 3, 2007. Pursuant to Division rule at 28 TAC §133.307(g)(3), effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, the Division notified the requestor on January 12, 2007 to send additional documentation relevant to the fee dispute as set forth in the rule.

- For the services involved in this dispute, the respondent reduced or denied payment with reason codes:
 - 29-The time limit for filing claim/bill has expired.
 - R25-Procedure billing restricted/see state regulations.
 - W1-Workers Compensation state fee schedule adjustment.

- W4-No additional payment allowed after review.

2. Division rule at 28 TAC §134.401(b)(1)(B), effective August 1, 1997, states “Inpatient Services – Health care, as defined by the Texas Labor Code §401.011(10), provided by an acute care hospital and rendered to a person who is admitted to an acute care hospital and whose length of stay exceeds 23 hours in any unit of the acute care hospital.” A review of the submitted medical records supports that the claimant’s length of stay exceeded 23 hours; therefore, this admission is an inpatient per Division rule at 28 TAC §134.401(b)(1)(B).
3. This dispute relates to inpatient surgical services provided in a hospital setting with reimbursement subject to the provisions of Division rule at 28 TAC §134.401.”
4. Texas Labor Code §408.027(a) states “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider’s right to reimbursement for that claim for payment.”
5. Division rule at 28 TAC §102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 states “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
 - (1) the date received, if sent by fax, personal delivery or electronic transmission or,
 - (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”

The requestor states in the position summary that “The original bill was submitted well before the 95th day and the fact that we received a response back from you asking for the itemized shows that the original claim was submitted on time.” To support their position, the requestor submitted a copy of the hospital bill dated 5/9/2006.

The respondent states in the position summary that “The carrier first received this bill listed in this dispute, via fax on 9-25-06.” To support their position, the respondent submitted a copy of the hospital bill with fax delivery date printed on it of 9/25/2006.

The Division reviewed the submitted documentation and finds that the requestor did not submit a fax confirmation report, personal deliver or electronic transmission report, postmarked mail or signature date on written communication to support position that the medical bill was sent timely per Division rule at 28 TAC § 102.4(h) and Texas Labor Code §408.027(a).

The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code §408.027(a).

6. The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the hospital bill was submitted timely in accordance with Texas Labor Code §408.027(a). As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code §408.027 §413.031 and §413.0311
 28 Texas Administrative Code §102.4, §133.307
 Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute.

DECISION:

 Authorized Signature

 Medical Fee Dispute Resolution Officer

10/18/2010

 Date

 Authorized Signature

 Medical Fee Dispute Resolution Manager

10/18/2010

 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 TAC §148.3(c).

Under Texas Labor Code §413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.